

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

00 982 6926
PLEASE PLACE LABEL WITHIN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

R00302080
RCRA RECORDS CENTER

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F M 00009826926 21

800818

I. NAME OF INSTALLATION

AMERICAN SCIENTIFIC PRODUCTS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1118 CLAY

CITY OR TOWN

ST.

ZIP CODE

4 NORTH KANSAS CITY

MO 64116

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1118 CLAY

CITY OR TOWN

ST.

ZIP CODE

6 NORTH KANSAS CITY

MO 64116

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 LOGEMAN, ROGER, OPERATIONS MGR.

816-221-2533

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 AMERICAN HOSPITAL SUPPLY CORP.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

M00009826926

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EDIT / REJECT

ID# MOD099826926

Initial Run Date _____

New Batch Number 003AF

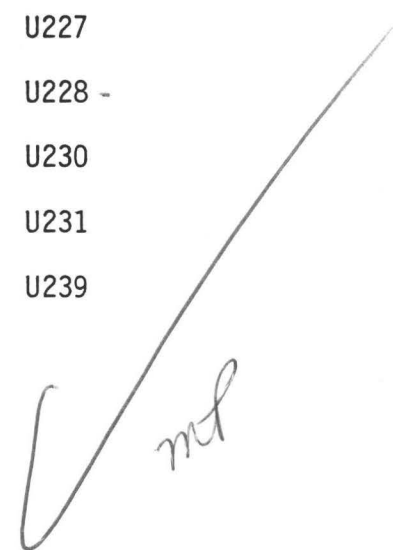
New Run Date _____

Date Removed 10/10/80

Date Returned 10/21

Commercial Chemical Product as Listed in 40 CFR 261.33 (f),...
"Toxic Wastes unless otherwise designated":

U001	U050	U098	U127	U171	U210
U002	U052	U101	U128	U172	U211
U003	U053	U102	U129	U174	U213
U004	U055	U103	U131	U175	U218
U007	U056	U104	U133	U182	U219
U008	U057	U107	U134	U184	U220
U009	U063	U108	U138	U187	U221
U012	U067	U109	U140	U188	U223
U014	U068	U110	U144	U190	U226
U017	U069	U111	U146	U191	U227
U018	U073	U112	U147	U193	U228
U019	U077	U113	U149	U194	U230
U020	U078	U115	U151	U196	U231
U022	U079	U116	U152	U201	U239
U025	U080	U117	U153	U202	
U028	U081	U118	U154	U209	
U031	U082	U119	U156		
U037	U083	U120	U159		
U039	U088	U122	U162		
U041	U091	U123	U165		
U042	U092	U124	U166		
U044	U094	U125	U169		
U048	U097		U170		



Append to : EPA Form 8700-12, "Notification of Hazardous Waste Activity"

USEPA Hazardous Waste Stream Identification and
Listing for American Scientific Products, Div.
American Hospital Supply Corp.

Commercial Chemical Products as Listed in 40 CFR 261.33 (e),
"Acute Hazardous Wastes":

P045

P088

P047

P090

P048

P093

P049

P098

P053

P100

P056

P101

P064

P102

P068

P104

P069

P105

P072

P106

P075

P108

P077

P109

P083

P113

P086

P116

P087 ✓

P119

P120 ✓ ml

ml



MO 7

August 11, 1980

Administrator
U.S. EPA Region Five
Solid Waste Program
230 South Dearborn Street
Chicago, Illinois 60604

RECEIVED
AUG 13 1980
WASTE MANAGEMENT
EPA REGION V
BRANCH

Sir:

Enclosed is an EPA Form 8700-12 for each of American Scientific Products' 24 operating facilities in the Continental United States, and Hawaii. The addendum attached to each form is, to the best of my knowledge, a complete and accurate listing of our potential hazardous waste activity as identified in 40 CFR 261.33 (e) and (f).

Although all facilities fall well within the "small generator" exclusion under 40 CFR 261.5, American Scientific Products has determined it to be in its best interest to meet the notification requirements of RCRA Section 3010.

If further information is needed, please contact me.

Regards,

E.W. Milnes
Distribution Analyst

EWM:aw
Encl.

cc: Regional Mgr., OPS
S/P Dist. Mgrs.
Dean Challed

AUG 13 1980

AUG 18 1980

Append to : EPA Form 8700-12, "Notification of Hazardous Waste Activity"

USEPA Hazardous Waste Stream Identification and
Listing for American Scientific Products, Div.
American Hospital Supply Corp.

Commercial Chemical Products as Listed in 40 CFR 261.33 (e),
"Acute Hazardous Wastes":

P045	P088
P047	P090
P048	P093
P049	P098
P053	P100
P056	P101
P064	P102
P068	P104
P069	P105
P072	P106
P075	P108
P077	P109
P083	P113
P086	P116
P087	P119
	P120

Commercial Chemical Product as Listed in 40 CFR 261.33 (f),...
"Toxic Wastes unless otherwise designated":

U001	U050	U098	U127	U171	U210
U002	U052	U101	U128	U172	U211
U003	U053	U102	U129	U174	U213
U004	U055	U103	U131	U175	U218
U007	U056	U104	U133	U182	U219
U008	U057	U107	U134	U184	U220
U009	U063	U108	U138	U187	U221
U012	U067	U109	U140	U188	U223
U014	U068	U110	U144	U190	U226
U017	U069	U111	U146	U191	U227
U018	U073	U112	U147	U193	U228
U019	U077	U113	U149	U194	U230
U020	U078	U115	U151	U196	U231
U022	U079	U116	U152	U201	U239
U025	U080	U117	U153	U202	
U028	U081	U118	U154	U209	
U031	U082	U119	U156		
U037	U937	U120	U159		
U039	U088	U122	U162		
U041	U091	U123	U165		
U042	U092	U124	U166		
U044	U094	U125	U169		
U048	U097		U170		



October 6, 1980

Administrator
U.S. EPA Region Five
Solid Waste Program
230 South Dearborn St.
Chicago, IL 60604

Sir:

Because some of our operating regions are outside the mainstream of dependable hazardous waste transporter service, it will likely be necessary for us to use private highway carriage for consolidation and cross-docking of our hazardous laboratory wastes to a secondary transporter.

Consequently, I am resubmitting EPA 8700-12 forms from each facility with Part VI. (B), and Part VII. completed. The addendum is applicable to all facilities.

If there are questions, please contact me.

Regards,

AMERICAN SCIENTIFIC PRODUCTS
Division of American Hospital Supply Corp.



Ed Milnes
Distribution Analyst

EM/jb

OCT 14 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P002	P003	P005	P007	P008	P011
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P012	P014	P016	P018	P022	P023
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
P024	P028	P031	P032	P035	P042
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

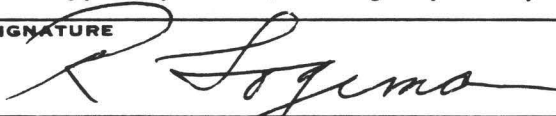
☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Roger Logeman Region Manager, Operations	DATE SIGNED 07/01/80
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PLEASE PLACE LABEL IN THIS SPACE

III LOCATION OF INSTALLATION

COMMENTS

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.	ZIP CODE
------------	-----------------

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.	ZIP CODE
------------	-----------------

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

X A. GENERATION

☒ **B. TRANSPORTATION** (complete item VII)

☐ **C. TREAT/STORE/DISPOSE**

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

A. AIR

☐ B. RAIL

 C. HIGHWAY

D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

C. INSTALLATION'S EPA I.D. NO. _____

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



PLEASE PLACE LABEL IN THIS SPACE

III LOCATION OF INSTALLATION

COMMENTS

CONTINUE ON REVERSE

D. - FOR OFFICIAL USE ONLY														
S													T/A C	
W M O D O O 9 8 2 6 9 2 4 2 1														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 U 2 2 1 23 - 26	2 U 2 2 3 23 - 26	3 U 2 2 4 23 - 26	4 U 2 2 7 23 - 26	5 U 2 2 8 23 - 26	6 U 2 3 0 23 - 26
7 U 2 3 1 23 - 26	8 U 2 3 9 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)		
S									T/A	C				
F										1				
1	2							13	14	15	16	17	18	22

I. NAME OF INSTALLATION

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX					
C 3					
15	16	-			45
CITY OR TOWN				ST.	ZIP CODE
C 4					
15	16	-	40	41	42

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																							
C																									
5																									
15	16																			45					
		CITY OR TOWN																		ST.		ZIP CODE			
C																									
6																									
15	16																			40	41	42	47	-	51

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)						
C																					
2																					
15	16														45	46	48	49	51	52	55

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))
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F = FEDERAL M = NON-FEDERAL	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<input type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION <i>(complete item VII)</i>
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ **A. AIR** ☐ **B. RAIL** ☐ **C. HIGHWAY** ☐ **D. WATER** ☐ **E. OTHER (specify):**

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W M O D O 0 9 8 2 6 9 2 6 7 1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 0116 23 - 26	2 0117 23 - 26	3 0118 23 - 26	4 0119 23 - 26	5 0120 23 - 26	6 0122 23 - 26
7 0123 23 - 26	8 0124 23 - 26	9 0125 23 - 26	10 0127 23 - 26	11 0128 23 - 26	12 0129 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 0131 23 - 26	14 0133 23 - 26	15 0134 23 - 26	16 0138 23 - 26	17 0140 23 - 26	18 0144 23 - 26
19 0146 23 - 26	20 0147 23 - 26	21 0149 23 - 26	22 0151 23 - 26	23 0152 23 - 26	24 0153 23 - 26
25 0154 23 - 26	26 0156 23 - 26	27 0159 23 - 26	28 0162 23 - 26	29 0165 23 - 26	30 0166 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 0169 23 - 26	32 0170 23 - 26	33 0171 23 - 26	34 0172 23 - 26	35 0174 23 - 26	36 0175 23 - 26
37 0182 23 - 26	38 0184 23 - 26	39 0187 23 - 26	40 0188 23 - 26	41 0190 23 - 26	42 0191 23 - 26
43 0193 23 - 26	44 0194 23 - 26	45 0196 23 - 26	46 0201 23 - 26	47 0202 23 - 26	48 0209 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 0210 23 - 26	50 0211 23 - 26	51 0213 23 - 26	52 0218 23 - 26	53 0219 23 - 26	54 0220 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

U.S.D. - FOR OFFICIAL USE ONLY														
S	W MOD 0098 2692621												T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 0008 23 - 26	2 0009 23 - 26	3 0012 23 - 26	4 0014 23 - 26	5 0017 23 - 26	6 0018 23 - 26
7 0019 23 - 26	8 0020 23 - 26	9 0022 23 - 26	10 0025 23 - 26	11 0028 23 - 26	12 0031 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 0037 23 - 26	14 0039 23 - 26	15 0041 23 - 26	16 0042 23 - 26	17 0044 23 - 26	18 0048 23 - 26
19 0050 23 - 26	20 0052 23 - 26	21 0053 23 - 26	22 0055 23 - 26	23 0056 23 - 26	24 0057 23 - 26
25 0063 23 - 26	26 0067 23 - 26	27 0068 23 - 26	28 0069 23 - 26	29 0073 23 - 26	30 0077 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 0078 23 - 26	32 0079 23 - 26	33 0080 23 - 26	34 0081 23 - 26	35 0082 23 - 26	36 0083 23 - 26
37 0088 23 - 26	38 0091 23 - 26	39 0092 23 - 26	40 0094 23 - 26	41 0097 23 - 26	42 0098 23 - 26
43 0101 23 - 26	44 0102 23 - 26	45 0103 23 - 26	46 0104 23 - 26	47 0107 23 - 26	48 0108 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 0109 23 - 26	50 0110 23 - 26	51 0111 23 - 26	52 0112 23 - 26	53 0113 23 - 26	54 0115 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 P045	2 P048	3 P053	4 P064	5 P069	6 P075
7 P047	8 P049	9 P056	10 P068	11 P072	12 P077

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 P083	14 P084	15 P087	16 P088	17 P090	18 P093
19 P098	20 P100	21 P101	22 P102	23 P104	24 P105
25 P106	26 P108	27 P109	28 P113	29 P116	30 P119

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P002	32 P003	33 P005	34 P007	35 P008	36 P011
37 P012	38 P014	39 P016	40 P018	41 P022	42 P023
43 P024	44 P028	45 P031	46 P032	47 P035	48 P042

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 P120	50 U0001	51 U0002	52 U0003	53 U0004	54 U0007
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Rogers Logeman
Region Manager, Operations

07/01/80